



DEPARTMENT OF REVENUE

TAX COMPLIANCE

CERTIFICATION

for Registered Farm Labor Contractors

Business Name:	Employer Identification Number (EIN):
DBA (Doing Business As), if applicable:	Type of Business: [Mark one box and list Social Security Number or Tax ID Number]
Address: [List Street/PO Box, City, Zip Code]	Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) <input type="checkbox"/>
Master Business License Unified Business Identifier Number (UBI):	Daytime Telephone Number: ()
Contact Name and Title: Name Title	Fax Number: ()

U. S. DEPARTMENT OF LABOR (USDOL) information [Mark one box and enter information, if applicable]

Are you required to have a **federal** Farm Labor Contractor License? No ☐ Yes ☐

If "Yes", what is the number?: Expiration Date:

For Official Use Only Do Not Write Below This Line

[This section to be completed in full by DOR staff only.]

DEPARTMENT OF REVENUE (DOR) CERTIFICATION [Mark one box and enter information, if applicable]

☐ **In Compliance** Taxes current through: _____ month _____ day _____ year

☐ **Not In Compliance**

Signature of DOR Certifying Official: _____ Date: _____

Title: _____

Forms may be certified by contacting the DEPARTMENT OF REVENUE by mail or in person at the following addresses, or it may be sent to their fax number listed below. If faxed, attached a written request asking that the certified form be returned by fax to you at the number you provide. Upon certification by DOR, return this form to the Farm Labor Contracting section of the Department of Labor and Industries at the address listed on the top of this form.

Mailing & Street Address Washington State Department of Revenue Compliance Division 1025 Union Avenue S.E., Suite 500 Olympia, Washington 98501	Fax Number (360) 586-8816 Phone Number (360) 570-6040
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